








FELINE PET PROFILE

SPCA Cincinnati will accept the surrender of owned animals by appointment only. Availability for intake is dependent upon space. Filling out this form as honestly and completely as you can will help us determine the best type of home for your pet. Please bring this form as well as copies of veterinary records to your scheduled appointment.

Please consider finding your pet another home instead of surrendering him/her to a shelter as it is a much less stressful process for your pet and allows you to play a part in uniting him/her with a new family. This also makes additional space available for pets whose lives are at risk.

WHAT TO BRING WITH YOU AT THE TIME OF YOUR SCHEDULED APPOINTMENT:

-  Your Photo ID
-  Your Pets Medical Records
-  Any Special Food
-  Your Pet's Crate or Carrier
-  Surrender fee(s) discussed with a Managed Admissions Specialist

FOR EVERYONE'S SAFETY ALL CATS MUST BE IN A CARRIER

WHAT HAPPENS WHEN YOU ARRIVE AT THE SHELTER?

1. You will present this form and your ID to the SPCA Cincinnati employee assisting you
2. The staff member may ask additional questions to help determine how to best help you and your pet
3. You will sign the surrender form and the fee based on species
4. Accepted forms of payment are cash or debit/credit cards

INTAKE- Walk in or Appointment

Client Name: _____ Appointment Date: _____
Address: _____ Zip Code: _____
Phone: _____ Email Address: _____

ANIMAL

Animal Name: _____ Species/Breed: _____
Age: _____ Sex: F M S N Original Source: _____
Length of Ownership: _____ Reason for Surrender: _____

BITE HISTORY- For animals who have bitten

Did the bite break skin? Yes No

If Yes,

Was medical attention sought for the bite? Yes No

What was the level of injury?

- Tooth Scrape
- Shallow puncture wound(s) from a single bite
- Deep puncture wound(s) from a single bite
- Deep puncture wounds from multiple bites
- When did the bite occur? _____

Describe the circumstances surrounding the bite (if play, describe how you were playing)

PET BEHAVIOR QUESTIONNAIRE

Is your cat affectionate? Yes No

Does your cat live with cats: Yes No

If yes, how many? _____

What age/sex? _____

Does your cat live with dogs? Yes No

If yes, how many? _____

What age/sex? _____

Does your cat like to be held? Yes No

Does your cat like to be near people? Yes No

Does your cat currently live with children? Yes No

If so what ages? _____

Is your cat litter box trained? Yes No

Is your cat declawed? Yes No

Is your cat use a scratching post? Yes No

Does your cat like toys? Yes No

Is yes, what kinds? _____

Is your cat destructive when left alone? Yes No

Does your cat have any fear? Yes No

If yes, what kind? _____

Was your cat kept strictly indoors, outdoors, or both? Inside Outside Both

Is your cat friendly with strangers? Yes No

Does your cat growl or snap over toys, bones, or food? Yes No

Has your cat ever been in a fight with another animal? Yes No

Please Describe:

BEHAVIOR QUESTIONNAIRE CONT.

How does your cat react to:

Being left alone: _____

Strangers: _____

New People: _____

Being Picked Up: _____

The Veterinarian: _____

When your cat is alone, he/she is:

Outside Inside (confined to a room) Inside (Crated) Inside (free roam)

Other, please describe: _____

ANXIETY HISTORY

How long is your cat typically left alone? _____

Do you crate/kennel him/her? Yes No

If yes, what kind of crate/kennel? _____

Does your cat break out of crates? Yes No

Has your cat ever injured itself while crated? Yes No

If yes, please describe: _____

How much and what type of exercise and/or enrichment does your cat receive daily?

What behaviors occur when your cat is left alone (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Not Destructive | <input type="checkbox"/> Got into garbage | <input type="checkbox"/> Urinates on Personal Items |
| <input type="checkbox"/> Scratches Furniture | <input type="checkbox"/> Urinates/Defecates | <input type="checkbox"/> Scratches/Chews flooring Near Doors |
| <input type="checkbox"/> Drools/Pants | <input type="checkbox"/> Meow Continuously | <input type="checkbox"/> Scratches/Chews Doors, Windows, Blinds |
| <input type="checkbox"/> Scratches at Windows | | |

MEDICAL HISTORY

Current Veterinarian: _____

Is your cat current on Rabies Vaccination? Yes No

Is your cat current on distemper vaccination? Yes No

Is your cat current on FELV vaccination? Yes No

If yes, when were vaccinations received? _____

Does your cat have any medical conditions? Yes No

If yes, what kind? _____

Does your cat have a runny nose or eye discharge? Yes No

Does your cat have hair loss? Yes No

Has your cat been treated for fleas in the last 30 days? Yes No

If yes, what treatment? _____

Is your cat on any medications? Yes No

If yes, what kind? _____

Does your cat have any allergies? Yes No

If yes, what kind? _____